

Saldívar Home Health Inc
Profit & Loss
January through October 2016

Jan - Oct 16

Ordinary Income/Expense

Income

303 · H.M.O.' Income

30312 · US Treasury	1,494.78
30310 · Molina Healthcare	32,900.49
30309 · Amerigroup	4,912.70
30307 · Aetna	46,613.98
30306 · United Healthcare	191,401.42
30305 · Pyramid	89.03
30304 · Superior HealthPlan	39,460.44
30303 · Humana	91,622.94
30302 · Care Improvement Plus	51,324.61

Total 303 · H.M.O.' Income 459,820.39

49900 · Uncategorized Income 10.00

317 · Medicare Revenue 1,188,578.53

301 · Private Pay Income 45,635.90

Total Income 1,694,044.82

Cost of Goods Sold

40205 · Contract - P.T.	37,724.00
40206 · Contract - S.T.	1,591.00
40204 · Contract Occup. Therapy	8,150.00
40203 · Contract Services	11,337.50
405 · Mileage (All Discp)	77,644.97
40101 · Skilled Nursing Wages	845,219.80

Total COGS 981,667.27

Gross Profit 712,377.55

Expense

680001 · Reimbursed Expenses

68005 · Insurance Group Health	89,899.05
68004 · Insurance - Miscellaneous	2,850.00
68010 · United Healthcare Medical	-61,541.23
68011 · United Healthcare Dental	-4,913.43
68012 · UHC Voluntary Life	-1,477.70
68009 · United Healthcare Vision	-1,112.65

Total 680001 · Reimbursed Expenses 23,704.04

505 · Accounting 4,650.00

506 · Advertising & Promotion 2,362.96

653 · Bank Charges 521.86

507 · Bank Service Charges 40.46

532 · Billing on Line Service 8,418.35

593 · Car Allowances 2,600.00

6560 · Payroll Expenses 44,336.93

69800 · Uncategorized Expenses 0.04

550 · Data Processing 72,128.41

580 · Employee Benefits Others 1,622.70

Saldivar Home Health Inc
Profit & Loss
January through October 2016

	Jan - Oct 16
585 · Employer FICA Expense	117,356.30
586 · Fuel Expense - Auto	9,822.73
590 · FUTA Expense	2,634.58
595 · General & Admin. Wages	599,858.40
594 · General Maintenance - Auto	1,048.10
577 · HH Consultant - Clinical	45,118.77
615 · Interest Expense	3,049.20
627 · Labor	44,604.67
617 · Lease Expense	1,261.16
626 · Legal Fees	3,117.86
508 · Marketing	5,697.56
687 · Meals & Entertainment	1,014.59
511 · Medical Consultant	42,000.00
510 · Medical Director	72,500.00
628 · Medical Expenses/Others	0.00
641 · Medical Supply	38,059.31
692 · Medical Waste Disposal	3,661.74
635 · N/A Expense	272.65
640 · Office Expense	516.52
59000 · On Call 59000	45,450.00
655 · Printing & Stationary	426.95
670 · Rent	19,629.21
671 · Rent - Equipment	10,817.93
645 · Repairs & Maintenance/Copiers	2,980.78
654 · Service Charges	4.50
675 · Taxes & Licenses	8,438.60
685 · Telephones	64,467.12
689 · Travel Expense	0.00
690 · Utilities	5,087.64
Total Expense	1,309,282.62
Net Ordinary Income	-596,905.07
Other Income/Expense	
Other Expense	
676 · Penalties	73,493.37
315 · Reimbursements Intercompany	-342,806.63
Total Other Expense	-269,313.26
Net Other Income	269,313.26
Net Income	-327,591.81

3063 09/19/2015 10:23 AM

CRAIG²⁶ 361-Form
Department of the Treasury
Internal Revenue Service**1120**

U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning

, ending

OMB No. 1545-0123

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.**2015**

A Check if:

- 1a Consolidated return (attach Form 951) ☐
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

TYPE
OR
PRINT

Name

SALDIVAR HOME HEALTH, INC.

Number, street, and room or suite no. if a P.O. box, see instructions.

PO BOX 3531

City or town, state, or province, country, and ZIP or foreign postal code

ALICE**TX 78333-3504**

B Employer identification number

43-1993040

C Date incorporated

01/24/2003

D Total assets (see instructions)

\$ **790,882**

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a Gross receipts or sales	1a	2,636,821	1c	2,636,821
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a				
	2 Cost of goods sold (attach Form 1125-A)			2	921,779
	3 Gross profit. Subtract line 2 from line 1c			3	1,715,042
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
10 Other income (see instructions—attach statement)		See Stmt 1	10	241,236	
11 Total income. Add lines 3 through 10			11	1,956,278	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)			12	103,105
	13 Salaries and wages (less employment credits)			13	737,177
	14 Repairs and maintenance			14	8,316
	15 Bad debts			15	
	16 Rents			16	59,394
	17 Taxes and licenses			17	221,770
	18 Interest			18	46,892
	19 Charitable contributions		See Stmt 2	19	0
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20	23,654
	21 Depletion			21	
	22 Advertising			22	6,404
	23 Pension, profit-sharing, etc., plans			23	
	24 Employee benefit programs			24	57,332
	25 Domestic production activities deduction (attach Form 8903)			25	
	26 Other deductions (attach statement)		See Stmt 3	26	536,272
	27 Total deductions. Add lines 12 through 26			27	1,800,316
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	155,962
	29a Net operating loss deduction (see instructions)	29a	155,962		
b Special deductions (Schedule C, line 20)	28b				
c Add lines 29a and 28b			29c	155,962	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)			30	0
	31 Total tax (Schedule J, Part I, line 11)			31	0
	32 Total payments and refundable credits (Schedule J, Part II, line 21)			32	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed			34	
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid			35	
	36 Enter amount from line 35 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			36	

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ NoSignature of officer **MARGOT SALDIVAR**

Date

Title

DIRECTOR

Print/Type preparer's name

CRAIG ADAMSON, CPA

Preparer's signature

Date

08/19/16Check ☒ if self-employed

PTIN

P00246572Paid
Preparer
Use Only

Firm's name

Adamson & Company, LLC

Firm's address

701 Ayers St**Corpus Christi, TX****78404-1912**

Firm's EIN

45-3980748

Phone no.

361-887-8916

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2015)

3053 08/18/2016 10:23 AM

Form 1120 (2015) **SALDIVAR HOME HEALTH, INC.****43-1993040**Page **2**

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 20b			

Form **1120** (2015)

3063 08/18/2016 10:23 AM

Form 1120 (2015) **SALDIVAR HOME HEALTH, INC.****43-1993040**Page **3****Schedule J Tax Computation and Payment (see instructions)****Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))			
2	Income tax. Check if a qualified personal service corporation (see instructions)		2	0
3	Alternative minimum tax (attach Form 4626)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8811)	9b		
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Other (see instructions—attach statement)	9f		
10	Total. Add lines 9a through 9f		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II—Payments and Refundable Credits

12	2014 overpayment credited to 2015		12	
13	2015 estimated tax payments		13	
14	2015 refund applied for on Form 4466		14	
15	Combine lines 12, 13, and 14		15	
16	Tax deposited with Form 7004		16	
17	Withholding (see instructions)		17	
18	Total payments. Add lines 15, 16, and 17		18	
19	Refundable credits from:			
a	Form 2439	19a		
b	Form 4136	19b		
c	Form 8827, line 8c	19c		
d	Other (attach statement—see instructions)	19d		
20	Total credits. Add lines 19a through 19d		20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2	See the instructions and enter the:		
a	Business activity code no. ▶ 621610		
b	Business activity ▶ HEALTH CARE & SOCI		
c	Product or service ▶ HOME HEALTH CARE S		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Form 1120 (2015)

3063 08/19/2016 10:23 AM

Form 1120 (2015) **SALDIVAR HOME HEALTH, INC.****43-1993040**Page **4****Schedule K Other Information continued (see instructions)****5** At the end of the tax year, did the corporation:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned ▶ and (ii) Owner's country ▶

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶

If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ 479,504

13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

If "Yes," complete and attach Schedule UTP.

15a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?

b If "Yes," did or will the corporation file required Forms 1099?

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Form 1120 (2015)

3053 08/18/2016 10:23 AM

Form 1120 (2015) **SALDIVAR HOME HEALTH, INC.****43-1993040**

Page 5

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		-37,397		4,727
2a	Trade notes and accounts receivable	664,626		664,404	
b	Less allowance for bad debts		664,626		664,404
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (att. stmt.) Stmt 4		49,693		48,905
7	Loans to shareholders		15,000		
8	Mortgage and real estate loans				
9	Other investments (attach stmt.)				
10a	Buildings and other depreciable assets	704,725		704,725	
b	Less accumulated depreciation	597,354	107,371	631,879	72,846
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt.) Stmt 5		9,569		
15	Total assets		808,862		790,882
Liabilities and Shareholders' Equity					
16	Accounts payable		360,841		728,490
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.) Stmt 6		508,894		478,526
19	Loans from shareholders		24,484		24,484
20	Mortgages, notes, bonds payable in 1 year or more		203,086		110,600
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock	10,000	10,000	10,000	10,000
23	Additional paid-in capital				
24	Retained earnings—Appropriated (att. stmt.)				
25	Retained earnings—Unappropriated		-298,443		-561,218
26	Adjustments to SH equity (att. stmt.)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		808,862		790,882

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	-262,775	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$	4,488	a	Depreciation \$	
b	Charitable contributions \$	1,150	b	Charitable contributions \$	
c	Travel and entertainment \$	1,384			
	Stmt 7	411,715			
6	Add lines 1 through 5	418,737	9	Add lines 7 and 8	
		155,962	10	Income (page 1, line 28)—line 6 less line 9	155,962

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-298,443	5	Distributions: a Cash	
2	Net income (loss) per books	-262,775		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	-561,218	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	-561,218

3063 08/19/2016 10:23 AM

Form **4626**

Alternative Minimum Tax—Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.**2015**

Name

SALDIVAR HOME HEALTH, INC.

Employer identification number

43-1993040

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	155,962
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	1,300
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	-2,988
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	154,274
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	154,274
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	0
e	ACE adjustment: • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	154,274
6	Alternative tax net operating loss deduction (see instructions)	6	138,847
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	15,427
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0
b	Multiply line 8a by 25% (.25)	8b	0
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	0
10	Multiply line 9 by 20% (.20)	10	0
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	0
13	Regular tax liability before applying all credits except the foreign tax credit	13	0
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2015)

DAA

3063 08/19/2018 10:23 AM

Form **1125-A**

Cost of Goods Sold

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0225

Name

SALDIVAR HOME HEALTH, INC.

Employer identification number

43-1993040

1	Inventory at beginning of year	1	
2	Purchases	2	181,372
3	Cost of labor	3	957,779
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	-217,372
6	Total. Add lines 1 through 5 Stmt 9	6	921,779
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	921,779

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see Instructions.

Form **1125-A** (Rev. 12-2012)

(Rev. December 2013)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

OMB No. 1545-2225

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Name: _____

SALDIVAR HOME HEALTH, INC.

Employer identification number

43-1993040

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

Form 1125-E (Rev. 12-2013)

3063 08/19/2016 10:23 AM

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. **179**

Name(s) shown on return

SALDIVAR HOME HEALTH, INC.

Identifying number
43-1993040

Business or activity to which this form relates

Regular Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	19,844
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property			25 yrs.		S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,810
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	23,654
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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Form **4562** (2015)

3053 08/10/2015 10:23 AM

SALDIVAR HOME HEALTH, INC.

43-1993040

Form 4562 (2015)

Page **2**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)											
26 Property used more than 50% in a qualified business use:											
See Statement 10											
		%	403,520	208,037			3,810				
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1											
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1											
28 3,810											
29											

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	X	
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	X	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					
					44

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3063 08/18/2016 10:23 AM

Form 1120	Charitable Contribution Carryover Worksheet	2015
For calendar year 2015 or tax year beginning _____, ending _____		
Name SALDIVAR HOME HEALTH, INC.		Employer Identification Number 43-1993040

Regular Tax Calculations						
Preceding Tax Year	Excess Contributions	Prior Year		Current Year		Next Year
		Utilized Or Reclassed to NOL	Carryover	Reclassified to NOL (Reg. Sec. 1.170A-11(c)(2))	Carryovers Utilized	Carryover
5th 12/31/10						
4th 12/31/11	14,220		14,220	14,220		
3rd 12/31/12	5,500		5,500	226		5,274
2nd 12/31/13						
1st 12/31/14	900		900			900
Charitable Contribution Carryover To Current Year - Regular			20,620			
Current Year			1,150	1,150		0
Charitable Contribution Carryover Available To Next Year						6,174

Alternative Minimum Tax Calculations						
Preceding Tax Year	Excess Contributions	Prior Year		Current Year		Next Year
		Utilized Or Reclassed to NOL	Carryover	Reclassified to NOL (Reg. Sec. 1.170A-11(d)(2))	Carryovers Utilized	Carryover
5th 12/31/10						
4th 12/31/11	14,220		14,220	12,738	1,482	
3rd 12/31/12	5,500		5,500		356	5,144
2nd 12/31/13						
1st 12/31/14	900		900			900
AMT Charitable Contribution Carryover To Current Year			20,620			
Current Year			0		1,838	0
AMT Charitable Contribution Carryover Available To Next Year						6,044

3063 08/19/2016 10:23 AM

Form 1120	Net Operating Loss Carryover Worksheet - Regular Tax		2015
For calendar year 2015 or tax year beginning		ending	
Name SALDIVAR HOME HEALTH, INC.			Employer Identification Number 43-1993040

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/ Carryover NOL Utilized	Carryover
18th 12/31/97					
17th 12/31/98					
16th 12/31/99					
15th 12/31/00					
14th 12/31/01					
13th 12/31/02					
12th 12/31/03					
11th 12/31/04					
10th 12/31/05	-528,245	528,245			
9th 12/31/06					
8th 12/31/07					
7th 12/31/08					
6th 12/31/09					
5th 12/31/10	27,906				
4th 12/31/11	-4,029		4,029	4,029	0
3rd 12/31/12	-277,236		277,236	151,933	125,303
2nd 12/31/13	-70,784		70,784		70,784
1st 12/31/14	-127,455		127,455		127,455
NOL Carryover Available To Current Year			479,504		
Current Year	-15,596 155,962			155,962	15,596
NOL Carryover Available To Next Year					339,138

3063 08/18/2016 10:23 AM

Form 1120		Net Operating Loss Carryover Worksheet - AMT				2015
		For calendar year 2015 or tax year beginning , ending				
Name SALDIVAR HOME HEALTH, INC.					Employer Identification Number 43-1993040	
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year	
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/ Carryover NOL Utilized	Carryover	
18th 12/31/97						
17th 12/31/98						
16th 12/31/99						
15th 12/31/00						
14th 12/31/01						
13th 12/31/02						
12th 12/31/03						
11th 12/31/04						
10th 12/31/05						
9th 12/31/06						
8th 12/31/07						
7th 12/31/08						
6th 12/31/09						
5th 12/31/10	23,051					
4th 12/31/11	-6,678		6,678	6,678		0
3rd 12/31/12	-279,503		279,503	132,169	147,334	
2nd 12/31/13	-70,650		70,650		70,650	
1st 12/31/14	-126,511		126,511		126,511	
NOL Carryover Available To Current Year			483,342			
Current Year	-12,738 138,847			138,847	12,738	
NOL Carryover Available To Next Year						357,233

3063 SALDIVAR HOME HEALTH, INC.

43-1993040

FYE: 12/31/2015

Federal Statements

8/19/2016 10:23 AM

Statement 1 - Form 1120. Page 1. Line 10 - Other Income

Description	Amount
REIMBURSEMENTS	\$ 201,489
UNCLEARED CHECKS	39,747
Total	\$ 241,236

Statement 2 - Form 1120. Page 1. Line 19 - Charitable Contributions

Description	Amount
Current Year Contributions	\$ 1,150
Carryover From Prior Years	20,620
Total Contributions Available	21,770
Less Reclassification to NOL	15,596
Less Contributions Disallowed	6,174
Less QCC Contributions Disall	0
Total Deduction Allowed	\$ 0

Statement 3 - Form 1120. Page 1. Line 26 - Other Deductions

Description	Amount
ACCOUNTING	\$ 9,850
BANK CHARGES	1,038
BILLING SERVICES	11,556
CAR ALLOWANCES	9,762
CONSULTING FEES	115,010
DATA PROCESSING	80,092
EQUIPMENT RENTAL	22,556
FUEL	37,902
LEASE	2,539
LEGAL AND PROFESSIONAL	25,316
MAINTENANCE	1,883
MARKETING	7,381
MEDICAL SUPPLIES	30,747
MEDICAL WASTE DISPOSAL	6,494
OFFICE EXPENSE	9,538
ON CALL STAFFING	51,795
POSTAGE & DELIVERY	240
PRINTING & REPRODUCTION	2,744
SERVICE FEE	27
TELEPHONE	96,569
TOOLS	10
TRAINING	3
TRAVEL	1,283
UTILITIES	10,553
50% of Meals & Entertainment	1,384
Total	\$ 536,272

3063 SALDIVAR HOME HEALTH, INC.

43-1993040

Federal Statements

8/19/2016 10:23 AM

FYE: 12/31/2015

Statement 4 - Form 1120, Page 5, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
A/R EMPLOYEES	\$ 49,693	\$ 48,905
Total	\$ 49,693	\$ 48,905

Statement 5 - Form 1120, Page 5, Schedule L, Line 14 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 9,569	\$
Total	\$ 9,569	\$ 0

Statement 6 - Form 1120, Page 5, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
ACCRUED PAYROLL LIABILITIES	\$ 508,894	\$ 478,526
Total	\$ 508,894	\$ 478,526

Statement 7 - Form 1120, Page 5, Schedule M-1, Line 5 - Expenses on Books Not on Return

Description	Amount
INCREASE IN A/P OVER PRIOR YE	\$ 367,649
Fines and Penalties	44,066
Total	\$ 411,715

3063 SALDIVAR HOME HEALTH, INC.

43-1993040

FYE: 12/31/2015

Federal Statements

8/19/2016 10:23 AM

Statement 8 - Form 4626. Page 1. Line 2o. Other Adjustments

<u>Description</u>	<u>Amount</u>
Charitable Contributions	\$ -2,988
Total	\$ <u>-2,988</u>

3063 SALDIVAR HOME HEALTH, INC.

43-1993040

FYE: 12/31/2015

Federal Statements

8/19/2016 10:23 AM

Statement 9 - Form 1125-A, Line 5 - Other Costs

<u>Description</u>	<u>Amount</u>
OUTSIDE SERVICES	\$ 59,027
MEDICAL DIRECTOR	91,250
INCREASE IN A/P OVER PRIOR YR	-367,649
Total	<u>\$ -217,372</u>

3063 SALDIVAR HOME HEALTH, INC.

08/19/2016 10:23 AM

43-1993040

AMT Asset Report

FYE: 12/31/2015

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
1	COPIER	5/22/07	216		X		0	7 MQ150DB	216	0
8	COMPUTERS	6/30/05	1,500				1,500	5 HY 150DB	1,500	0
9	COMPUTERS	9/04/06	21,339				21,339	5 HY 150DB	21,339	0
11	TELEPHONE	5/04/06	1,818				1,818	7 HY 150DB	1,818	0
12	COMPUTERES	6/30/08	4,575		X	X	0	5 HY 150DB	4,575	0
13	FURNISHINGS	6/30/06	11,991				11,991	7 HY 150DB	11,991	0
23	FURNISHINGS	6/30/05	2,165				2,165	7 HY 150DB	2,165	0
24	IMPROVEMENTS	4/21/09	2,725			X	1,362	10 HY 200DB	2,323	89
25	OFFICE EQUIP	3/01/07	4,275		X		0	7 MQ150DB	4,275	0
26	OFFICE EQUIP	7/19/07	2,272		X		0	7 MQ150DB	2,272	0
27	OFFICE EQUIP	8/01/07	240		X		0	7 MQ150DB	240	0
28	OFFICE EQUIP	12/28/07	1,120		X		0	7 MQ150DB	1,120	0
33	2009 Computers	6/30/09	7,608			X	3,804	5 HY 200DB	7,608	0
34	LH IMPROVEMENTS	8/31/07	5,280		X		0	15 MQ150DB	5,280	0
35	2008 FURNISHINGS	6/30/08	8,546		X	X	0	7 HY 150DB	8,546	0
36	MEDICAL EQUIPMENT	8/24/09	201			X	100	7 HY 200DB	187	9
37	2009 FURNITURE & FIX	6/30/09	9,893			X	4,946	7 HY 200DB	9,231	441
38	LEASEHOLD IMPROVEMEN	8/15/08	21,420			X	10,710	15 HY 150DB	16,045	632
39	equipment acq 2010	6/30/10	1,674		X	X	0	7 MQ200DB	1,674	0
40	medical equipment	12/16/10	12,000			X	0	5 MQ200DB	12,000	0
41	2010 FURNISHINGS	6/30/10	1,942			X	971	7 HY 200DB	1,436	203
42	2010 MED EQUIPMENT	6/30/10	20,525			X	10,262	5 HY 200DB	19,047	1,478
43	UNIT 9	3/07/11	17,744			X	0	5 HY 200DB	17,744	0
44	UNIT 44	1/12/11	22,788			X	0	5 HY 200DB	22,788	0
51	UNIT 40	8/04/10	20,574			X	10,287	5 HY 200DB	19,093	1,481
53	computers	6/30/12	11,559			X	5,779	3 MQ200DB	11,253	306
54	refrigerator	12/12/12	119			X	59	5 MQ200DB	99	8
58	UNIT 2	9/19/13	24,562			X	12,281	5 HY 200DB	18,667	2,358
59	SIGNATURE PADS	7/26/13	534			X	267	3 HY 200DB	475	39
60	vehicle 44	6/30/14	20,000				20,000	5 HY 150DB	3,000	5,100
61	veichle 9	6/30/14	20,000			X	10,000	5 HY 200DB	12,000	3,200
62	vehicle 2	6/30/14	20,000			X	10,000	5 HY 200DB	12,000	3,200
			301,205				139,641	252,007		18,544
Listed Property:										
2	UNIT 15	3/10/09	20,179			X	10,089	5 HY 200DB	20,096	0
3	UNIT 16	3/10/09	19,115			X	9,557	5 HY 200DB	19,078	0
4	UNIT 21	9/03/09	7,516			X	3,758	5 HY 200DB	7,516	0
5	UNIT 36	6/04/09	20,873			X	10,436	5 HY 200DB	20,873	0
6	VEH 23	10/22/07	18,622		X		15,562	5 MQ150DB	18,622	0
14	UNIT 28	6/30/08	18,682			X	9,341	5 HY 200DB	18,682	0
15	VEH 29	6/30/08	18,682			X	9,341	5 HY 200DB	18,682	0
17	VEH 31	6/30/08	18,475			X	9,237	5 HY 200DB	18,475	0
18	VEH 32	7/07/08	18,475			X	9,237	5 HY 200DB	18,475	0
19	VEH 33	8/13/08	21,750			X	10,875	5 HY 200DB	21,499	0
20	VEH 4	7/25/08	17,364			X	8,682	5 HY 200DB	17,364	0
21	VEH 12	7/25/08	17,364			X	8,682	5 HY 200DB	17,364	0
22	VEH 26	1/30/08	18,556			X	9,278	5 HY 200DB	18,556	0
29	VEH 27	1/30/08	18,556			X	9,278	5 HY 200DB	18,556	0
30	VEH 19	9/03/09	18,497			X	9,248	5 HY 200DB	18,497	0
31	VEH 20	9/03/09	18,696			X	9,348	5 HY 200DB	18,696	0
46	UNIT 13	4/16/10	11,645			X	5,822	5 HY 200DB	10,136	335
48	UNIT 22	9/03/09	18,497			X	9,263	5 HY 200DB	9,234	0
50	UNIT 35	6/04/09	20,874			X	10,454	5 HY 200DB	10,420	0
52	UNIT 41	8/04/10	20,570			X	10,285	5 HY 200DB	17,904	593
56	unit 42	10/15/12	30,320			X	15,160	5 MQ200DB	25,135	2,074
57	UNIT 3	9/19/13	9,686				4,843	5 HY 200DB	7,666	808
			402,994				207,776	371,526		3,810
Grand Totals			704,199				347,417	623,533		22,354
Less: Dispositions and Transfers			0				0	0		0
Net Grand Totals			704,199				347,417	623,533		22,354

3063 SALDIVAR HOME HEALTH, INC.
 43-1993040
 FYE: 12/31/2015

08/19/2016 10:23 AM

Federal Aggregate Report

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
	FORD F150	3/10/09	770	0	0	770	0	770	0	200DB	5
	Unit 2	9/20/12	7,975	0	0	6,181	718	6,899	1,076	200DB	5
	UNIT 3	9/19/13	941	0	0	715	91	806	135	200DB	5
57	UNIT 3	9/19/13	9,686	0	0	7,666	808	8,474	1,212	200DB	5
	Grand Totals		9,686	0	0	7,666	808	8,474	1,212		
	Less: Dispositions		0	0	0	0	0	0	0		
	Net Grand Totals		9,686	0	0	7,666	808	8,474	1,212		

3063 SALDIVAR HOME HEALTH, INC.
43-1993040
FYE: 12/31/2015

AMT Aggregate Report

08/19/2016 10:23 AM

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
FORD F150		3/10/09	770	0	0	770	0	770	0	200DB	5
Unit 2		9/20/12	7,975	0	0	6,181	718	6,899	1,076	200DB	5
UNIT 3		9/19/13	941	0	0	715	91	806	135	200DB	5
57 UNIT 3		9/19/13	9,686	0	0	7,666	808	8,474	1,212	200DB	5
Grand Totals											
Less: Dispositions											
Net Grand Totals											
			9,686	0	0	7,666	808	8,474	1,212		
			0	0	0	0	0	0	0		
			9,686	0	0	7,666	808	8,474	1,212		

3063 SALDIVAR HOME HEALTH, INC.
43-1993040
FYE: 12/31/2015

ACE Aggregate Report

08/19/2016 10:23 AM

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3063 SALDIVAR HOME HEALTH, INC.

08/19/2016 10:23 AM

43-1993040

Depreciation Adjustment Report

FYE: 12/31/2015

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	ACE	AMT Adjustments/ Preferences
MACRS Adjustments:							
Page 1	1	1	COPIER	0	0	0 s	0
Page 1	1	2	UNIT 15	0	0	0 s	0
Page 1	1	3	UNIT 16	0	0	0 s	0
Page 1	1	4	UNIT 21	0	0	0 s	0
Page 1	1	5	UNIT 36	0	0	0 s	0
Page 1	1	6	VEH 23	0	0	0 s	0
Page 1	1	8	COMPUTERS	0	0	0 s	0
Page 1	1	9	COMPUTERS	0	0	0 s	0
Page 1	1	11	TELEPHONE	0	0	0 s	0
Page 1	1	12	COMPUTERES	0	0	0 s	0
Page 1	1	13	FURNISHINGS	0	0	0 s	0
Page 1	1	14	UNIT 28	0	0	0 s	0
Page 1	1	15	VEH 29	0	0	0 s	0
Page 1	1	17	VEH 31	0	0	0 s	0
Page 1	1	18	VEH 32	0	0	0 s	0
Page 1	1	19	VEH 33	0	0	0 s	0
Page 1	1	20	VEH 4	0	0	0 s	0
Page 1	1	21	VEH 12	0	0	0 s	0
Page 1	1	22	VEH 26	0	0	0 s	0
Page 1	1	23	FURNISHINGS	0	0	0 s	0
Page 1	1	24	IMPROVEMENTS	89	89	89 s	0
Page 1	1	25	OFFICE EQUIP	0	0	0 s	0
Page 1	1	26	OFFICE EQUIP	0	0	0 s	0
Page 1	1	27	OFFICE EQUIP	0	0	0 s	0
Page 1	1	28	OFFICE EQUIP	0	0	0 s	0
Page 1	1	29	VEH 27	0	0	0 s	0
Page 1	1	30	VEH 19	0	0	0 s	0
Page 1	1	31	VEH 20	0	0	0 s	0
Page 1	1	33	2009 Computers	0	0	0 s	0
Page 1	1	34	LH IMPROVEMENTS	0	0	0 s	0
Page 1	1	35	2008 FURNISHINGS	0	0	0 s	0
Page 1	1	36	MEDICAL EQUIPMENT	9	9	9 s	0
Page 1	1	37	2009 FURNITURE & FIX	441	441	441 s	0
Page 1	1	38	LEASEHOLD IMPROVEMEN	632	632	632 s	0
Page 1	1	39	equipment acq 2010	0	0	0 s	0
Page 1	1	40	medical equipment	0	0	0 s	0
Page 1	1	41	2010 FURNISHINGS	203	203	203 s	0
Page 1	1	42	2010 MED EQUIPMENT	1,478	1,478	1,478 s	0
Page 1	1	43	UNIT 9	0	0	0 s	0
Page 1	1	44	UNIT 44	0	0	0 s	0
Page 1	1	46	UNIT 13	335	335	335 s	0
Page 1	1	48	UNIT 22	0	0	0 s	0
Page 1	1	50	UNIT 35	0	0	0 s	0
Page 1	1	51	UNIT 40	1,481	1,481	1,481 s	0
Page 1	1	52	UNIT 41	593	593	593 s	0
Page 1	1	53	computers	306	306	306 s	0
Page 1	1	54	refrigerator	8	8	8 s	0
Page 1	1	56	unit 42	2,074	2,074	2,074 s	0
Page 1	1	57	UNIT 3	808	808	808 s	0
Page 1	1	58	UNIT 2	2,358	2,358	2,358 s	0
Page 1	1	59	SIGNATURE PADS	39	39	39 s	0
Page 1	1	60	vehicle 44	6,400	5,100	5,100 s	1,300
Page 1	1	61	veichle 9	3,200	3,200	3,200 s	0
Page 1	1	62	vehicle 2	3,200	3,200	3,200 s	0
				<u>23,654</u>	<u>22,354</u>	<u>22,354 s</u>	<u>1,300</u>

Totals for ACE Depreciation Adjustment:

AMT Depreciation Addback

22,354

ACE Depreciation Expense

22,354 s

s - Substituted applicable AMT or Tax data when ACE column is blank.

3063 SALDIVAR HOME HEALTH, INC.

43-1993040

Future Depreciation Report

FYE: 12/31/16

08/19/2016 10:23 AM

FYE: 12/31/2015

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	ACE
Prior MACRS:						
1	COPIER	5/22/07	216	0	0	0
8	COMPUTERS	6/30/05	1,500	0	0	0
9	COMPUTERS	9/04/06	21,339	0	0	0
11	TELEPHONE	5/04/06	1,818	0	0	0
12	COMPUTERES	6/30/08	4,575	0	0	0
13	FURNISHINGS	6/30/06	11,991	0	0	0
23	FURNISHINGS	6/30/05	2,165	0	0	0
24	IMPROVEMENTS	4/21/09	2,725	90	90	0
25	OFFICE EQUIP	3/01/07	4,275	0	0	0
26	OFFICE EQUIP	7/19/07	2,272	0	0	0
27	OFFICE EQUIP	8/01/07	240	0	0	0
28	OFFICE EQUIP	12/28/07	1,120	0	0	0
33	2009 Computers	6/30/09	7,608	0	0	0
34	LH IMPROVEMENTS	8/31/07	5,280	0	0	0
35	2008 FURNISHINGS	6/30/08	8,546	0	0	0
36	MEDICAL EQUIPMENT	8/24/09	201	5	5	0
37	2009 FURNITURE & FIX	6/30/09	9,893	221	221	0
38	LEASEHOLD IMPROVEMEN	8/15/08	21,420	632	632	0
39	equipment acq 2010	6/30/10	1,674	0	0	0
40	medical equipment	12/16/10	12,000	0	0	0
41	2010 FURNISHINGS	6/30/10	1,942	202	202	0
42	2010 MED EQUIPMENT	6/30/10	20,525	0	0	0
43	UNIT 9	3/07/11	17,744	0	0	0
44	UNIT 44	1/12/11	22,788	0	0	0
51	UNIT 40	8/04/10	20,574	0	0	0
53	computers	6/30/12	11,559	0	0	0
54	refirgerator	12/12/12	119	6	6	0
58	UNIT 2	9/19/13	24,562	1,415	1,415	0
59	SIGNATURE PADS	7/26/13	534	20	20	0
60	vehicle 44	6/30/14	20,000	3,840	3,570	0
61	veichle 9	6/30/14	20,000	1,920	1,920	0
62	vehicle 2	6/30/14	20,000	1,920	1,920	0
			<u>301,205</u>	<u>10,271</u>	<u>10,001</u>	<u>0</u>

Listed Property:

2	UNIT 15	3/10/09	20,179	0	0	0
3	UNIT 16	3/10/09	19,115	0	0	0
4	UNIT 21	9/03/09	7,516	0	0	0
5	UNIT 36	6/04/09	20,873	0	0	0
6	VEH 23	10/22/07	18,622	0	0	0
14	UNIT 28	6/30/08	18,682	0	0	0
15	VEH 29	6/30/08	18,682	0	0	0
17	VEH 31	6/30/08	18,475	0	0	0
18	VEH 32	7/07/08	18,475	0	0	0
19	VEH 33	8/13/08	24,225	0	0	0
20	VEH 4	7/25/08	17,364	0	0	0
21	VEH 12	7/25/08	17,364	0	0	0
22	VEH 26	1/30/08	18,556	0	0	0
29	VEH 27	1/30/08	18,556	0	0	0
30	VEH 19	9/03/09	18,497	0	0	0
31	VEH 20	9/03/09	18,696	0	0	0
46	UNIT 13	4/16/10	11,645	0	0	0
48	UNIT 22	9/03/09	18,497	0	0	0
50	UNIT 35	6/04/09	18,925	0	0	0
52	UNIT 41	8/04/10	20,570	0	0	0
56	unit 42	10/15/12	30,320	1,659	1,659	0
57	UNIT 3	9/19/13	9,686	717	717	0
			<u>403,520</u>	<u>2,376</u>	<u>2,376</u>	<u>0</u>
Grand Totals			<u>704,725</u>	<u>12,647</u>	<u>12,377</u>	<u>0</u>

3083 08/19/2016 10:23 AM

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.

▶ See instructions on page 2.

OMB No 1545-0123

Name

Employer identification number (EIN)

SALDIVAR HOME HEALTH, INC.

43-1993040

Part I Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
MAGGIE SAALDIVAR	[REDACTED]	USA	50.000
BENJAMIN SALDIVAR	[REDACTED]	USA	50.000

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)